Six-State Quitline Outcomes for Smokers with Behavioral Health Conditions & Limitations
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Our Mission since 1899 is to heal, to discover and to educate as a preeminent healthcare institution.

National Jewish Health physicians and researchers are at the forefront of a new era in healthcare that embraces a personalized, preventive approach to medicine.
We continue to focus on personalized medicine through our wellness programs.

**QuitLogix is the largest non-profit tobacco cessation program in the nation.**

We enroll hundreds of individuals a day from all over the United States and have helped over 1,000,000 participants with their quit attempt.
QuitLogix 30 Day Point Prevalence Abstinence

<table>
<thead>
<tr>
<th>All populations</th>
<th>All populations with coaching only</th>
<th>All populations with coaching &amp; NRT</th>
<th>Insured with coaching &amp; NRT</th>
</tr>
</thead>
<tbody>
<tr>
<td>36.0%</td>
<td></td>
<td>40.7%</td>
<td>42.3%</td>
</tr>
</tbody>
</table>

Sources: NJ Health Initiatives proprietary company records. NAQC Review of U.S. Quitlines Quit Rates, 2009
This is a Critical Issue

On average, persons diagnosed with mental illnesses and addictions have higher rates of disease and disability, and die up to **25 years** earlier than the general population.
Where We Started

• A significant number of quitline callers have addictions and mental health disorders.
• 2009 - Quitline studies suggest that between 19% and 50% of the approximately 500,000 unique callers each year have current mental illnesses.
Where We Started

- Persons with behavioral health issues may use quitline services more frequently and have outcomes very similar to the general population.
Recent Data

- 2013 - 19.9% of U.S. adults aged 18 years or older had a mental illness, and 36.1% were current smokers compared with 21.4% among adults with no known mental illness (CDC, 2013).
North American Quitline Consortium (NAQC)

(1) “Do you have any mental health conditions, such as an anxiety disorder, depression disorder, bipolar disorder, alcohol or drug abuse, or schizophrenia?”
(2) “During the past two weeks, have you experienced any emotional challenges such as excessive stress, feeling depressed or anxious?” and
(3) “During the past two weeks, have you experienced any emotional challenges that have interfered with your work, family life, or social activities?”
(4) “Do you believe that these mental health conditions or emotional challenges will interfere with your ability to quit?”
Behavioral Health Conditions by State ‘12

<table>
<thead>
<tr>
<th>State</th>
<th>Behavioral Health Issues?</th>
<th>Concern that BH Issues May Interfere with Quit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Idaho</td>
<td>88.6%</td>
<td>29.8%</td>
</tr>
<tr>
<td>Kentucky</td>
<td>83.7%</td>
<td>42.1%</td>
</tr>
<tr>
<td>Michigan</td>
<td>83.9%</td>
<td>35.8%</td>
</tr>
<tr>
<td>Montana</td>
<td>61.8%</td>
<td>26.8%</td>
</tr>
<tr>
<td>Ohio</td>
<td>63.4%</td>
<td>30.7%</td>
</tr>
<tr>
<td>Penn</td>
<td>79.5%</td>
<td>32.9%</td>
</tr>
</tbody>
</table>
Demographics

- More female callers reported (78.4%) vs. (66.7%) ($\chi^2_{(1)} = 439.8; p < .001$)
- Males = females in belief that mental health issues could interfere with their ability to quit
- Younger who reported mental health concerns and mental health issues could interfere with quit
## Results

<table>
<thead>
<tr>
<th>State</th>
<th>Smoked in Past 30 Days? (Percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3 Month Follow-up</td>
</tr>
<tr>
<td>Idaho</td>
<td>28.9</td>
</tr>
<tr>
<td>Kentucky</td>
<td>21.5</td>
</tr>
<tr>
<td>Michigan</td>
<td>31.8</td>
</tr>
<tr>
<td>Montana</td>
<td>43.0</td>
</tr>
<tr>
<td>Ohio</td>
<td>29.3</td>
</tr>
<tr>
<td>Penn</td>
<td>35.9</td>
</tr>
</tbody>
</table>
## Results

<table>
<thead>
<tr>
<th></th>
<th>3 Months</th>
<th>6 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Smoking in Past 30 Days</td>
<td></td>
</tr>
<tr>
<td>MH-</td>
<td>n = 568</td>
<td>n = 243</td>
</tr>
<tr>
<td>MH+</td>
<td>n = 1119</td>
<td>n = 474</td>
</tr>
<tr>
<td>MHIQ-</td>
<td>n = 848</td>
<td>n = 358</td>
</tr>
<tr>
<td>MHIQ+</td>
<td>n = 271</td>
<td>n = 116</td>
</tr>
</tbody>
</table>

MH- = Mental Health Negative
MH+ = Mental Health Positive
MHIQ- = Mental Health Inventory Negative
MHIQ+ = Mental Health Inventory Positive
Good News

• Individuals reporting MH issues were able to maintain their quit for up to 6-months post-intervention
• Outcomes driven by how smokers feel that their MH issues will or will not influence their ability to quit
• MH issues believe that quitting is possible, and for this group, their ability to quit tobacco is similar to others
• Individuals with MH issues are using quitlines and the resulting cessation outcomes among these smokers
• Evidence-based treatments are effective
Next Steps

**Step 1.** Screen/Assess callers:
- Number of quit attempts
- Aids with quit attempts
- Diagnoses
- Substance abuse
- Treatment

**Step 2.** Analyze patterns of utilization

**Step 3.** Compare cessation outcomes

**Step 4.** Based on utilization and outcomes, create and measure the success of tailored protocols
Current Projects

- Mental Health
  - Additional questions
  - Quit attempt differences
  - Dependence level differences
- American Indian Commercial Tobacco Program (AICTP) launched August 1, 2015
  - Working on process paper
  - Analyzing outcomes
- LGBT projects
  - Understanding utilization by LGBT groups
Thank you!

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